

Testimony of Dr. Emelia-Louise Kilby

Chairman Craig, Senator Breaux, and members of the Committee, my name is Lou Kilby. I am a resident of an assisted living facility. It is my pleasure to testify today, and provide a resident-centered perspective of what it is like to live in assisted living.

Assisted living provides comfortable living for thousands of seniors with physical and mental disabilities and a retirement home for independent persons not wishing to continue maintaining a separate dwelling. In my case, as a paraplegic, it was an ideal solution to my problems, as I had not expected to spend my golden years in a wheelchair without long term care insurance. Residing in assisted living has given me a chance to be fairly independent, to be up and around most of the day, to order and take my own medications (avoiding the 47 a day charge for administration), and to continue in a leadership capacity serving on committees. A worrisome thing for me is that costs go up yearly, and I fear I will outlive my money.

The setting where I have lived for six and one half years as a large, attractive home. There are currently 50 residents - 30 in assisted living and 20 in the Alzheimer's special care section. The grounds are equally attractive and well maintained. Most of the residents live in private apartments complete with their own bathroom, shower, and a small refrigerator. Despite the positive aspects of this lovely setting, the environment tends to be depressing with some residents unable to communicate, uninterested in taking part in activities, and sleeping in the common areas. It is sad when a resident dies or leaves for a nursing home for more care.

Meals are served in an airy, spacious dining room with lace tablecloths and flowers on the table. Flowers are arranged by residents in the floral club. There is a salad bar and a dessert table, and ever popular ice cream. Emphasis is on choice with 2 entrees for dinner and supper or sandwiches if preferred. I am happy to report that fresh fruit was available all winter long. The chef is responsive to residents' concerns and his menu committee meets twice a month to discuss likes, dislikes and special functions. The private dining room, seating 8 comfortably, is available to special parties like a birthday celebration. This space is also used for meetings with family members to discuss a resident's care plan.

The activity program is outstanding with varied programs for the active-minded resident. The program has consistently been an important part of my life and was of great help in my transition from independence to assisted living. More effort could be made by the staff to encourage attendance of the 30 assisted living residents. Barely a third regularly participate in any activity. Activities frequently fall through the cracks during the weekends. Videos are organized to be shown, but that does not always happen.

I actually wrote some of my testimony while sitting on the sun porch listening to a sing-a-long. Other musical programs include a swing band, a classical pianist, guitarists and others too numerous to mention. There are regular opportunities to do some food preparation to make one feel at home. Residents mix ingredients to make cookie dough, for example, and spoon the dough onto trays to be baked later. Bingo is popular with 7 residents in our facility. I am pleased to say that number of residents regularly report for morning stretch which I lead utilizing my

background in health and physical education. My star pupils are a 99-year old woman and a 98-year old man. The woman has expressed her exercise philosophy by saying she participates not to live longer, but to make her days better. Seasonal activities such as the 4th of July barbecue and the Winter holiday party bring family and residents together for wonderful food and musical fun.

Pets are allowed and this is really a plus. Some residents keep a cat in their room. My facility has a dog, cat, and a bird. Our facility pets are not properly cared for though causing me and other residents to worry about them. They are often fed and hydrated irregularly and not regularly groomed.

The wellness nurse supervises the administration of medications and sees that an updated list for each resident is computerized. A copy of this list accompanies a resident to a doctor visit to the hospital. The nurse also supervises the monthly check on weight and vital signs. We have a LPN during the weekends. Both the nurse and LPN only work daytime hours. During evening hours, the supervisors and medication technicians make decisions about 911 calls and consult with the resident's doctor. There is no doctor on the premises.

A medication technician delivers pills and other medications such as atomizers. A resident may receive as many as a dozen pills with a small glass of water despite the fact that most pills say to take with 8 ounces of water. Sometimes pills are given out before the resident has had breakfast. I wonder about the advisability of such practices. The medication technician does not wait to see if the resident actually downs the pills. Occasionally a resident refuses even to take the pills, and little is actually done about that.

I have concern about the protocol practiced when a resident falls. The resident should be carefully helped up once a determination has been made that it is safe to move them. The staff should check the resident's vital signs and range of motion. This is not always done. Also, an accident report is supposed to be written up.

A care plan is developed for each resident following a conference with the executive director, wellness nurse, a supervisor, a family member, and if possible, the resident. Per state regulation, the care plan is to be updated yearly. Mine has not been reviewed in over a year, so I guess I am all right.

The resident assistants (RAs) are the workhorses (for lack of a better word) of the house. An effort is made to hire RAs with some experience. New staff participate in a rigorous training program conducted by a senior staff member. Fortunately our home currently has an excellent trainer, but this has not always been the case. The RAs provide the personal care for the residents such as giving showers and baths, changing diapers, dressing, seeing that residents get to meals, etc. They also do the laundry and make the beds on their assigned floor. In addition, they work in the dining room waiting on tables and doing the dishes. All this for \$7.00 or \$7.50 an hour depending on their experience. For many, English is a second language and misunderstandings do occur. Presently, since the house is not full, the RA's work hours are being cut by one full day a week. This represents a loss of wages of approximately \$56 a week. When this happened once before, I asked - not too innocently - if the wellness nurse's hours

were also being cut. There was no response to my query.

A continuing staff problem is absenteeism. Holidays are particularly difficult. This past East Sunday, there were only two staff members for the 3-11 shift. They delivered medications, served dinner, put residents to bed, and cleaned dishes. Fortunately for us, these two staff were old-timers and very capable. I doubt they received any extra pay for their hard efforts.

Of great concern is the unrecognized deterioration of some residents, particularly the more independent residents who do not receive daily assistance from staff. Problems such as depression, confusion, unsteadiness and weight loss are not always brought to the attention of the nurse or the executive director. The dining room hostess does not appear to follow up if a resident does not come for meals. Alert residents are frequently more aware of these resident changes than the facility staff.

The turnover in staff at all levels is truly appalling. In my 6 ½ years, for example, we have had 7 executive directors, 5 activity coordinators, and countless RAs. The turnover is disruptive. Just as you get used to the RA, she is gone. The work pressures, low pay, and amount of work are surely factors. To make ends meet, some of the staff take on second jobs. Cutting each RAs time by one day per week not only discourages loyalty, but also sends a message that they are not important to the home. Our chef told me he works 3 jobs.

The marketing person, called Director of Community relations, is under pressure to fill the house and keep it filled. You get the impression that the home will take anybody. I doubt this is completely true, but this is how it feels. Admission mistakes are made. Sometimes a new resident arrives directly from the hospital, but does not seem well enough to handle assisted living. This puts a burden on the RA who must handle the difficult situation. Sometimes residents are admitted to assisted living, but it comes apparent after a few days that the person is not appropriate for assisted living and they are moved to the Alzheimer's section.

There does seem to be an attempt to keep people here when they begin to need more care. This is more the case of individuals living in the Alzheimer's section as their families want them to stay. For those residents not residing in the Alzheimer's section, family members seem to recognize when assisted living is no longer appropriate for their loved ones, and they make arrangements for a change to a nursing home. Two of my friends left recently.

I appreciate this opportunity to express my views about assisted living. Assisted living has made my life, which is difficult at best, much more pleasant. Thank you.